

Civil Society Organizations and Alcohol Policy Advocacy during the COVID-19 Pandemic: Evidence from Six African Countries

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Abstract

Variations in alcohol use worldwide and the range of policies enacted during the COVID-19 pandemic highlight the role of civil society organizations (CSOs) and community-based interventions in shaping alcohol control measures. This paper explores how CSOs acted at both local and national levels to protect communities and influence alcohol policies in six African countries during the pandemic. We conducted a cross-sectional survey emailed to CSOs involved in alcohol prevention, advocacy, and policy work in Kenya, Lesotho, Namibia, South Africa, Tanzania, and Zimbabwe. Nineteen staff members from these CSOs responded to the questionnaire between February and March 2022. This study focuses on analyzing their reported activities and contributions during the pandemic. All 19 respondents, covering the six countries, were included in the analysis. CSOs primarily engaged in: (i) direct advocacy and lobbying, (ii) public education campaigns via media, and (iii) pandemic-related legal and regulatory interventions. Considering the heavy burdens governments faced during COVID-19, the involvement of CSOs is increasingly critical for advancing alcohol control strategies and public health initiatives in Southern Africa. To maximize their impact, CSOs should have formal roles in developing, debating, and implementing public health policies.

Keywords: COVID-19, Alcohol policy, Public health policies, Civil society organizations

Introduction

The COVID-19 pandemic underscored the connection between alcohol use and public health measures. Stay-at-home orders led to increased home drinking, while closures of bars and restaurants shifted sales toward off-premise outlets and online retailers [1]. Some leaders, such as the South African President, publicly supported alcohol control measures during this period [2, 3]. Existing research on pandemic-driven changes in alcohol use has mostly concentrated on Europe and North America [4-8], leaving African contexts underexplored. Given global differences in alcohol trends and policy

responses, it is important to examine CSO-led actions in Africa.

Alcohol consumption contributes to non-communicable and communicable diseases, early mortality, injuries, and domestic violence, creating substantial social and economic burdens [9]. Additionally, alcohol weakens the immune system, increasing susceptibility to infections and severe outcomes, including COVID-19 [10, 11].

The pandemic also negatively affected mental health due to fear of infection, uncertainty, isolation, and social disruption [12]. Loneliness is a recognized driver of alcohol misuse [13]. Globally, COVID-19 led to a 27.6% rise in major depressive disorder and a 25.6% increase in anxiety, with low- and middle-income countries disproportionately affected [14]. In South Africa, a survey conducted from July to November 2020 found that nearly 50% of participants reported heavy episodic drinking, with many obtaining alcohol through illegal channels despite restrictions [12].

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The intertwined challenges of alcohol consumption and COVID-19 require coordinated, evidence-informed interventions. Policies that regulate alcohol production, sales, and access are effective in reducing both alcohol use and pandemic risks, yet many governments adopted these measures inconsistently [1]. CSOs helped fill these gaps by raising awareness about alcohol-related harms and lobbying against industry influence in decision-making. Community-driven initiatives can accelerate change by fostering public engagement. The Lancet Commission emphasizes the critical role of CSOs in aligning social behavior with governance and recommends increasing sustainable development support across all sectors, including civil society [15]. This study examines how CSOs in six African countries contributed to protecting communities and strengthening alcohol control during the COVID-19 pandemic.

Materials and Methods

A cross-sectional survey was disseminated by email to CSOs engaged in alcohol prevention, outreach, and policy development across Kenya, Lesotho, Namibia, South Africa, Tanzania, and Zimbabwe. Staff from both non-governmental and community-based organizations participated in the survey between February and March 2022.

The Southern African Alcohol Policy Alliance (SAAPA) circulated a self-administered survey comprising 23 open-ended questions to its members, who further shared it with their networks via email. No incentives were offered to participants.

The questionnaire consisted of three groups of open-ended questions. The first group (17 questions) focused on alcohol-related regulatory changes between January 2020 and July 2021. The second group (3 questions) explored industry interference and corporate social responsibility. The third group (3 questions) examined CSOs' roles during the pandemic. This paper presents findings specifically from the third group, highlighting the contribution of CSOs to alcohol control during COVID-19.

Although the overall response rate was 100%, not all 19 invited CSOs answered every question related to CSO roles during the pandemic. Participants reported no conflicts of interest regarding the study's scope, methodology, or outcomes. While some CSOs addressed general non-communicable disease risk factor regulation,

others focused specifically on alcohol control, with a few concentrating on targeted measures such as road safety. All responses were anonymized and analyzed. Two authors (KA and AMD) summarized and discussed the results with the broader research team, which collectively identified four main areas of CSO intervention. Analysis and synthesis across CSOs were based on these four categories. Data triangulation included desk reviews of CSO publications and blogs, supporting refinement of conclusions and discussion points.

The WHO Publications Review Committee provides oversight and approval for documents concerning public health emergencies, including COVID-19, ensuring relevance, methodological rigor, and compliance with quality standards. The Committee approved the study protocol within the broader research framework [1].

Limitations

Methodological limitations include potential bias in selecting participating CSOs and validating the questionnaire. The selection may have been constrained to pre-existing CSO networks. The total number of CSOs working in alcohol prevention is unknown due to the lack of an official register, and some organizations address alcohol only as a risk factor for non-communicable diseases or violence against women and children. Considering the limited number of CSOs, an expert panel specializing in advocacy, lobbying, and public health developed and reviewed the questionnaire. Online support was provided to participants during survey completion to clarify questions or address challenges.

Results and Discussion

Among the 19 respondents, CSOs led five main action areas during the COVID-19 pandemic: direct lobbying advocacy (in three of six countries), public awareness campaigns via media (in five of six countries), legal and regulatory interventions (in South Africa), and capacity building through community training (Namibia). **Table 1** presents the countries and sample sizes.

Table 1. Number of CSOs invited and respondents by country

Country	Count
Lesotho	7
Namibia	5
South Africa	4
Kenya	1

Tanzania	1
Zimbabwe	1
Total	19

CSOs play a key role in generating momentum and expediting policy action. They can influence national agenda-setting, boost public demand for laws and regulations, and ensure community access to services [15, 16]. In the six Southern African countries studied, CSOs were critical in alcohol control during the COVID-19 pandemic, including lobbying advocacy, mass media campaigns, and legal measures.

Direct lobbying advocacy

During COVID-19, SAAPA engaged in extensive advocacy around alcohol restrictions. As part of a broader regional CSO alliance, SAAPA supported restrictions on alcohol sales and consumption and pushed for the continuation of measures beyond the pandemic to retain progress achieved during restrictions [17, 18]. In South Africa, SAAPA advocated due to the high accessibility of alcohol from small establishments such as shebeens, where physical distancing is challenging. Excessive drinking also compromises judgment, increasing the risk of non-adherence to COVID-19 precautions, such as sharing drinking vessels, while government measures reduced alcohol-related trauma cases [19]. Other South African CSOs focused on mitigating gender-based violence alongside supporting alcohol restrictions.

SAAPA and partner CSOs lobbied for stricter regulations to reduce COVID-19 transmission, urging the government to limit alcohol sales and advertising. Proposed measures included banning all alcohol promotions, suspending liquor licenses for non-compliant establishments, reducing off-premise operating hours, and enforcing zero blood-alcohol limits for drivers [20]. They leveraged the temporary alcohol bans to advocate for long-term regulatory improvements, including the adoption of the Liquor Amendment Bill of 2016, amending the Liquor Act of 2003 to regulate alcohol distribution, trade, and marketing in line with WHO recommendations, despite opposition from the alcohol industry [17, 21].

In Kenya, the NCD Alliance Kenya actively took part in Community COVID-19 Sub-committee sessions, providing verbal contributions during the meetings [22]. Similarly, CSOs in Namibia conducted extensive lobbying to push for the formal adoption of the Draft

National Alcohol Policy and raised awareness regarding the negative health impacts of alcohol consumption [22].

Public awareness media campaigns

In July 2020, the NCD Alliance established the Solidarity Fund on NCDs and COVID-19, totaling US\$300,000, which supported 20 national and regional NCD alliances globally [23]. This funding allowed alliances in Africa and other regions to amplify their advocacy and communication efforts, ensuring the perspectives of people living with NCDs were represented in national pandemic response strategies.

SAAPA and its partner organizations ran a public education campaign via radio, television, print, and social media. The campaign, labeled “new norm,” encouraged evidence-based alcohol policies designed to reduce alcohol access, drawing from observed reductions in alcohol-related harm during pandemic-related restrictions [24]. In Lesotho, SAAPA held a press briefing to introduce the campaign, conducted multiple radio and TV interviews, and became the first SAAPA chapter to advertise in a local newspaper. Their advocacy efforts focused on measures including limiting alcohol purchase quantities, restricting sale hours and days, enforcing trade licenses, checking IDs at purchase, raising the legal drinking age from 18 to 21, banning bulk-buy promotions, increasing alcohol prices, regulating point-of-sale advertising, and lowering the blood-alcohol concentration limit for drivers. SAAPA Zimbabwe implemented similar campaigns through print and broadcast media [24].

In August 2020, the NCD Alliance Kenya called on government authorities to urgently address the underlying NCD-related factors that contributed to COVID-19 mortality and to prioritize the healthcare and support of people living with NCDs at the center of the national response [25].

Several CSOs reported capacity-building initiatives targeting local volunteers. These trainings focused on raising awareness about alcohol-related health risks and the consequences of excessive consumption.

Legal and regulatory interventions

Together with Amandla.mobi, SAAPA South Africa initiated a petition in response to legal challenges brought by alcohol producers, such as South African Breweries and Vinpro [21]. Additionally, SAAPA South Africa filed a complaint with the Press Council of South Africa regarding the SALBA partnership with the Sunday

Times. The Deputy Press Ombud concluded that the articles in question were misleadingly presented as independent journalism, resulting in the newspaper issuing a formal apology [26].

The South African alcohol ban, and its public health justification, received backing from the South African Medical Research Council (SAMRC) and other academics, who provided evidence showing reductions in alcohol-related trauma cases [19, 27]. CSOs, including SAAPA and Movendi International, helped disseminate this evidence to the public and policymakers [28, 29].

Despite these successes, challenges such as limited funding and recognition remain. Research on West African CSOs addressing alcohol harm found their activities were disrupted during the pandemic due to financial constraints, potentially affecting service delivery in some regions [30].

The cases highlighted demonstrate that CSOs can support governmental alcohol control in multiple ways: collecting and sharing evidence, monitoring policy implementation, participating in technical working groups [31], advocating for evidence-based policies and national strategies, tracking industry influence, promoting intersectional approaches, assessing vulnerable communities' needs, strengthening community prevention and treatment programs, and delivering awareness campaigns on alcohol harm and interventions.

To enable this work, governments should create conditions for CSOs to participate meaningfully in public health policymaking by legally recognizing their status, allocating resources, and ensuring democratic representation in statutory bodies and working groups.

Conclusion

This study summarizes the role of CSOs in six African countries during the COVID-19 pandemic, highlighting three key domains: (i) direct lobbying advocacy, (ii) public awareness media campaigns, and (iii) legal and regulatory actions. Considering the extraordinary challenges faced by governments during COVID-19, CSOs' contributions are vital in reducing alcohol-related harm. Accordingly, CSOs should be formally involved in the design, discussion, and enforcement of public health policies.

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